GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)				2 Total pages filed: 5	
3 COMMITTEE NAME	NAME			OFFICE USE ONLY	
	Vote Yes Farmers Branch			PECEIVED	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE;	ZIP CODE		
Change of Address	2972 Primrose Lane Farme	ers Branch, Texas	75234	MAT	0 8 2019
				Date Hand-delivered	GER'S OFFI or Date Postmarked
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI	Receipt #	Amount \$
NAME	Mrs. Natasha	3	J SUFFIX	Date Processed	
	Moser			Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); AP		state; s 75234	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS		T / SUITE #; CITY;	STATE;	ZIP CODE	
Change of Address	2972 Primrose Lane Farme	ers Branch, Texas	75234		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 597-3528	EXTENSIO	ON		
9 REPORT TYPE	January 15	30th day before election 8th day before election Runoff		Dissolution (Attach P/	
10 PERIOD COVERED	Month Day Year 4 / 27 / 2019	THROUGH		Month Day	Year 2019
11 ELECTION	5 / 4 / 2019 -	nary Runoff C	Other Description	:	
	GO T	O PAGE 2			

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

	110000000		
12 COMMITTEE NAME Vote Yes Farmers Branch 13 Filer ID (Ethics Commission Filers)			
14 COMMITTEE ACTIVITY	1. Candidates	A. Supported	
(Attach lists on plain paper to complete this report if necessary.)	(Identify by name or, if applicable, classify by party.) B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported May 4, 2019 City of Farmers Branch Proposition A New Libr B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
15 CONTRIBUTION TOTALS	PLEDGES, LOA	IZED POLITICAL CONTRIBUTIONS (OTHER THAN NS, OR GUARANTEES OF LOANS) re if this report qualifies for the higher itemization t	\$ nreshold
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM		EMIZED \$	
	4. TOTAL POLIT	ICAL EXPENDITURES	\$ 239.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 107.98
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$ 0
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code. SARA EGAN Notary Public, State of Texas Comm. Expires 03-13-2022 Notary ID 131487461 Signature of Campaign Treasurer			
AFFIX NOTARY STAMP/ SEALABOVE			
Sworn to and subscribed before me, by the said NATASha MOSLY , this the 8th day of, 20, to certify which, witness my hand and seal of office.			
Signature of officer add	inistering oath	Printed name of officer administering oath	ASSI. to City Sec Title of officer administering oath

SUBTOTALS-GPAC

FORM GPAC COVER SHEET PG 3

17	COMMITTEE NAME Vote Yes Farmers Branch	18 Filer ID (Ethics Con	nmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1⊚	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	ABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORFORM ORGANIZATION	PORATION OR LABOR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR (DRGANIZATION	\$
7∞	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LA	BOR ORGANIZATION	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LAE	OR ORGANIZATION	\$
9.	X SCHEDULE E: LOANS		\$ 456.29
. 10.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 456.29
11,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	FIONS RETURNED	\$
			-

LOANS

SCHEDULE E

The	1 Total pages Schedule E:			
2 FILER NAME Vote Yes Farmers Branch			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	\$			
F	- November -		0	
5 Date of loan	_	PAC (ID#:)	9 Loan Amount (\$)	
5/6/19	Bronson Blackson	State; Zip Code	\$456.29	
6 Is lender a financial Institution?		10 Interest rate 0.00%		
Y (N)	3137 Berrymeade Lane Farme	11 Maturity date N/A		
· ·	on / Job title (See Instructions)	13 Employer (See Instructions)	1	
Vice Pre		×		
14 Description of Collateral 15 Check if personal funds were (See Instructions)			deposited into political account	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City; S	State; Zip Code		
💢 not applicable	15 duarantor address, Only,	State, Zip Gode		
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)				
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati				
ATTACH ADDITIONAL CODIES OF THIS SOURDLILE AS MEEDED				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 1 of 1	² FILER NAME Vote Yes Farmers Branch		3 Filer ID (Ethics Commission Filers)	
4 Date 5/6/19	5 Payee name Facebook			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$239.36	i i ayoc addiooc, Sity, State, Especies			
Expenditure from corporate funds	1 Hacker Way Menlo Park California 94205			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel of	outside of Texas. Complete Schedule T.	
OF	Advertising Evnence	Check if Austi	in, TX, officeholder living expense	
EXPENDITURE	Advertising Expense	De sietlin su	Vata Vaa Famaana Busaah	
		Boosting	Vote Yes Farmers Branch	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/8/19	Bronson Blackson			
Amount (\$)	Payee address; City; State; Zip Code			
\$456.29				
Expenditure from	3137 Berrymeade Lane Farmers Branch, Texas 73234			
corporate funds		I		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Loan Repayment	Check if Austin, TX, officeholder living expense		
EXI ENDITORE		Facebook Advertising		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Expenditure from corporate funds				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel of	outside of Texas. Complete Schedule T.	
OF		Check if Aust	in, TX, officeholder living expense	
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/201				